

# MONTGOMERY COUNTY

## Department of Health and Human Services

### COMMUNITY SERVICES GRANTS PROGRAM SUPPORTING CAPITAL PURCHASES FOR HEALTH AND HUMAN SERVICE PROGRAMS FY 2010

Montgomery County Department of Health and Human Services is pleased to announce the availability of grants of up to \$20,000, to support health and human service projects that promote a safe, healthy and self-sufficient community. The Community Services Grants program provides one-time only grants to non-profit organizations serving Montgomery County residents. The program provides reimbursement to funded organizations for approved capital purchases.

#### I. PURPOSE AND DEFINITION

Funded purchases will include capital improvements, renovations and/or equipment. Such purchases should directly contribute to the County Executive's priority policy objectives and/or the Department's established service outcomes:

##### County Executive's Priority Policy Objectives

- Greater Responsiveness & Accountability
- Providing Safe Streets & Secure Neighborhoods
- Healthy & Sustainable Communities
- Keeping Montgomery Moving
- Preparing Children to Live & Learn
- Ensuring Vital Living for All of Our Residents
- Affordable Housing in an Inclusive Community

##### Department of Health and Human Services' Priority Areas

- Improved customer satisfaction in terms of responsiveness and timeliness; courtesy and respect; and overall experience with services;
- Beneficial impact to residents, including: risk mitigation; greater independence; and improved health status.

The County Executive's Priority Policy Objectives are available as follows:

[http://www.montgomerycountymd.gov/content/home/pdf/transition\\_report.pdf](http://www.montgomerycountymd.gov/content/home/pdf/transition_report.pdf)

A listing of specific outcomes by Department Service Area is available as follows:

<http://www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/index.asp>

Salaries, conferences, training or operating costs, or funds to apply to deficits and/or losses in other funding sources are not eligible expenses under this grants program. **Grant awards are distributed via reimbursement, upon receipt of documentation verifying the purchase of approved items.**

All funded programs must initiate and complete purchases between July 1, 2009 and June 30, 2010.

## II. ELIGIBILITY

All not-for-profit agencies, organizations, institutions, or associations providing services in Montgomery County incorporated under 501(c) (3) of the Internal Revenue Code, and offering health and human services activities consistent with the outcomes listed in Section I (Purpose and Definition) are eligible to apply.

## III. DEADLINE AND CALENDAR

A. **Deadline for application is 3:00 p.m. on Wednesday, December 3, 2008. Incomplete applications will not be considered. Applications received after 3:00 p.m. on Wednesday, December 3, 2008 will not be accepted. To ensure fairness to all applicants, there will be no exceptions.**

B. **All Applications must be hand-delivered, and must be received by 3 p.m. Wednesday, December 3, 2008;** Deliver all applications, including requested attachments, to the following location:

Department of Health and Human Services  
Office of the Director  
401 Hungerford Drive, 5<sup>th</sup> Floor  
Rockville, Maryland 20850  
**ATTN: Karen Ricucci**

**Applications will be accepted on the 5<sup>th</sup> Floor of 401 Hungerford Drive only, and not at any other location.**

C. Grant applications will be reviewed by the Department of Health and Human Services (DHHS) and funding will be awarded on July 1, 2009.

Funded projects and expenditures of monies must occur between July 1, 2008 and June 30, 2009.

## IV. APPLICATION AND FUNDING

A. Applications must be typed and submitted on the appropriate forms with the required attachments. Failure to adhere to Grants Program Guidelines or provide the required attachments will result in rejection of your application.

B. Inclusion of in-kind services and or matching funds from other non-County Sources are strongly encouraged. These services or matching funds may be defined as any resources that expand the impact of the grant funds.

C. An organization may submit only one application per grant period and per organization. Only one group or organization may apply per year, including different branches, divisions, locations and/or units of same organization.

D. Applicants must provide eight (8) collated copies of the following information as attachments to their applications:

1. Proof of applicant's not-for-profit and incorporation status (IRS not-for-profit designation);
2. Financial statement for applicant's last complete fiscal year;
3. Complete budget for applicant's current fiscal year (total organization budget);
4. Current list of applicant's Board of Directors, including addresses and telephone numbers of each individual;
5. Grant Application Checklist, which should be attached as the cover page of each copy.

This information must be page numbered, stapled or clipped together, and attached to each copy of the application.

- E. Narrative should clearly list all proposed items/services to be purchased, explain nature and purpose of items/services, and provide brief explanation of how purchase will contribute to the outcomes delineated in Section I, Purpose and Definition.

**All materials should be on 8 ½" x 11" paper.**  
**Do not submit in folders, plastic covers, binders, etc.**

## **V. OTHER CONSIDERATIONS**

- A. The requested award should not duplicate or supplant funding for any existing activities or efforts.

## **VI. SUPPORT RESTRICTIONS**

- A. Grants will be awarded for projects in Montgomery County only. Organizations must operate in, and provide direct service to residents of Montgomery County. Organizations may have headquarters and/or administrative offices outside of Montgomery County, so long as the organization demonstrates that client populations to be served by the award reside in Montgomery County.
- B. The program will NOT fund:
  1. Projects that have an existing deficit from a previous year or a previous project.
  2. Projects that will require more than a one-time grant award.
  3. Projects of an ongoing nature.
  4. Projects that are implemented before the start or after the close of the granting period.
  5. Personnel, operating or salary expenses of the organization, including training and conferences.
  6. Replacement of lost and/or reduced Federal, State, United Way or other funding.

## **VII. EVALUATION CRITERIA**

Applications will be reviewed against the following criteria:

- Applications will be judged on how well the grant funds will contribute to the outcomes identified in Section 1, Purpose and Definition.
- Requested funds must be used for a capital expenditure (renovations, equipment, or technology improvements) or purchase of goods.
- Applicants must provide a health and human service that augments the array of health and human services available in the County, and serve the general benefit of County residents. The intensity and quantity of need for the provided services must be demonstrated.
- Applications must demonstrate the effective use of volunteers.
- Applicants must provide a program overview which indicates how the agency's services fit into the overall health and human services delivery system of Montgomery County and maintain a funding base which does not rely solely on County grant funds.
- Applicants must demonstrate cooperation and collaboration with agencies providing similar services.
- Applicants must demonstrate sound financial management and effective resolution of any problem identified in previous financial audits.
- Applicants must be able to carry out the project.

## **VIII. REVIEW PROCESS**

Applications are subject to the following levels of review and review criteria:

- A. Project Facilitator – The Project Facilitator is responsible for initial review of the application, including:
  - 1. Completeness of application.
  - 2. Legibility and clarity.
  - 3. Compliance with applicable guidelines, including the one-time only nature of the project.
  - 4. Fiscal accuracy.
- B. Grants Review Panel – The Grants Review Panel includes both private and public representation. The Panel will be chaired by the Director of the Department of Health and Human Services or her designee. The Review Panel will review applications based on the following criteria:
  - 1. Evaluation criteria list in Section VII.
  - 2. Legibility and clarity.
  - 3. Compliance with applicable guidelines.
  - 4. Applicability to special considerations.
- C. Recommendations to the County Executive – The Review Panel present its recommendations for awards to the Montgomery County Executive, who determines

final approval and inclusion in the FY 10 Recommended Operating Budget, based on the availability of funds. The final determination of awards is subject to County Council approval during its annual review of the FY 10 budget.

## **IX. CONDITIONS OF AWARD**

- A. Awardees will be required to:
  - 1. Submit an organizational invoice, requesting reimbursement of funds, along with documentation confirming payment and receipt of the approved items.
  - 2. Assure the County that the organization is compliant with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin or handicap.
  - 3. Acknowledge Montgomery County in all publicity and in all promotional or informational materials used in connection with the funded project, i.e., programs, handbills, posters, radio and TV spots, etc.
  - 4. Submit to the County within 30 days of the completion of the project, a brief (not more than 3 pages) summary of how the grant award was used and how the award contributed to the stated outcomes.
  - 5. Assure item(s) will be used solely for purpose outlined in application for a period up to two years following the award of funds. Vehicles purchased under the Community Services Grants program may not be sold or transferred within 3 years of award without prior notification to the County. If the awardee does not comply, all items must be returned to Montgomery County.
- B. The County must be made aware of outstanding/pending grant applications currently under consideration or recent awards in connection with the same or similar project.
- C. The Application Review Panel may reject grant applications not complying with these guidelines.

## **X. OTHER INFORMATION**

- A. All questions concerning guidelines and eligibility should be directed to Montgomery County Health and Human Services well in advance of application deadline. For more information, please contact Traci Anderson at 240-777-1269.
- B. Applicants must submit eight (8) complete, collated copies of the application. Applicants are encouraged to retain one additional complete copy for their files and reference.
- C. Grant applications will be reviewed and grants announced by July 1, 2009.
- D. Grant funds will be disseminated consistent with the terms listed previously. No funds will be available prior to July 1, 2009. If your agency is funded, you are not permitted to be reimbursed for purchases made prior to July 1, 2009, even if those items are consistent with requests made in your organization's grant application.

**MONTGOMERY COUNTY**  
**Department of Health and Human Services**

**COMMUNITY SERVICES GRANTS PROGRAM**  
**SUPPORTING CAPITAL PURCHASES FOR**  
**HEALTH AND HUMAN SERVICE PROGRAMS**  
**FY 2010**

**READ PROGRAM GUIDELINES BEFORE COMPLETING THIS FORM.**

**GENERAL RULES:**

1. Late or incomplete grants will not be considered.
2. Applications must be typed.
3. All funded projects must occur between JULY 1, 2009 AND JUNE 30, 2010
4. Grants are to fund capital expenditures of a one-time only nature.
5. A Montgomery County based non-profit organization, institution or association must sponsor projects that are implemented in Montgomery County, MD.
6. Any organization that is delinquent in payment owed to Montgomery County, or services under other contractual or agreements, shall be ineligible to receive funds through this grant program.
7. Acknowledgement must be given to Montgomery County government in all publicity and promotional materials.

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**I. APPLICANT/AGENCY INFORMATION:**

- A. Organization/Agency Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Fax Number(s): \_\_\_\_\_  
Executive Director/CEO: \_\_\_\_\_  
Email address for Director: \_\_\_\_\_  
Contact person if different from Executive Director: \_\_\_\_\_  
Email address for Contact: \_\_\_\_\_  
Website address (URL) for organization: \_\_\_\_\_

- B. Amount Requested: \_\_\_\_\_

- C. Give a brief synopsis of your application in the space below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **APPLICATION NARRATIVE**

1. What is the mission of your agency? Please describe the programs, services and populations served by your agency, which support this mission statement. Please describe how your agency and services fit into the overall delivery of health and human services in Montgomery County. (Describe in one type written page or less. PLEASE DO NOT INCLUDE ATTACHMENTS, ANNUAL REPORTS, ETC.).
2. Specifically describe the project for which these grant funds will be used. Clearly list all proposed items/services to be purchased, explain nature and purpose of items/services, and provide brief explanation as follows:
  - a. Please describe how approved items will promote a safe, healthy and self-sufficient community, enhance or improve customer satisfaction and access to services, and/or have beneficial impact on County residents.
  - b. Please describe which of the County Executive's Policy Priorities and/or the Department's Priorities are addressed by the proposed project.
  - c. Please describe how the proposed project will address a specific HHS Priority Service Outcome, if applicable.
3. Specifically describe the outcomes that will result from the expenditure of these grant funds. How do your proposed outcomes relate to the Department's established service outcomes?
4. How will the organization measure the outcomes listed in Question 3?
5. What new partnerships, service innovations or opportunities to expand the availability of services, if any, are associated with the proposed use of these funds? How will volunteers be utilized in implementation of the proposed project (if applicable)?
6. How does this funding request fit into your overall agency budget? If your grant request is approved with a reduction of 3 to 5 percent, how will your organization accommodate this reduction? What changes would be required to the project you described in Question 2?
7. Describe how these grant funds will be used in collaboration with other agencies, if applicable.



## **PROJECT BUDGET**

The following budget information pertains to only the project for which you are requesting funds. This should not be your organization's total operational budget. Plans and cost estimates for renovation projects must be attached. Equipment must be delineated by the number, type and unit cost of the equipment by equipment category and attached to this page.

<b><u>Items</u></b>	<b><u>Requested Grant Funds for this Item</u></b>	<b><u>Organization's Funds for this Item (If Applicable)</u></b>	<b><u>Total</u></b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Amount Requested:      \$\_\_\_\_\_

## **ATTACHMENTS – ORGANIZATIONS**

Per guidelines, **eight (8) copies** of the items listed below must be included with your application.

1. As applicable:
  - A. Proof of applicant's incorporation status issued by the State Department of Assessment and Taxation. (Application submitted to the State is not sufficient)
  - B. Proof of applicant's not-for-profit status issued by the Internal Revenue Service, Department of the Treasury. (Application submitted to the IRS is not sufficient)
  - C. Copy of the lease or letter from the owner of the facility approving any renovation project (if applicable).
2. Financial statement for applicant's last complete fiscal year.
3. Complete budget for applicant's current fiscal year (total organization budget).
4. Current list of applicant's Officers and Board. (If a sub-organization without own Board, include Board of parent organization). Include address and telephone numbers.

## **ASSURANCES**

If the grant is awarded, the applicant assures that:

1. The applicant will administer all grant funds.
2. Funds received under this grant will not be used to supplant any budgeted funds.
3. Funds received will be used solely for the documented activities and that those activities are of a one-time-only nature.
4. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
5. The applicant organization is in compliance with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

Signature of Person Completing Application: \_\_\_\_\_

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

**MONTGOMERY COUNTY**  
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FY 2010

**NAME OF ORGANIZATION:** \_\_\_\_\_

Amount of Proposal: \$ \_\_\_\_\_

**Application Checklist:**

**A.**

- |  |           |          |              |
|--|-----------|----------|--------------|
| 1. Cover sheet included?               | Yes _____ | No _____ | Page # _____ |
| 2. Agency's address listed?            | Yes _____ | No _____ | Page # _____ |
| 3. Agency's phone number listed?       | Yes _____ | No _____ | Page # _____ |
| 4. Agency's fax number listed?         | Yes _____ | No _____ | Page # _____ |
| 5. Agency's contact person listed?     | Yes _____ | No _____ | Page # _____ |
| 6. Agency's Executive Director listed? | Yes _____ | No _____ | Page # _____ |

**B. Copies**

- |   |           |          |
|---|-----------|----------|
| 1. <b>Eight separate, individually-collated copies</b><br>of application submitted? | Yes _____ | No _____ |
| 2. Copy of checklist attached to each<br>individually collated copy?                | Yes _____ | No _____ |

**C. Duplication with other county agencies?**

- |  |           |          |
|--|-----------|----------|
| 1. Is there another grants program in Montgomery?<br>County government that would consider this<br>request applicable? | Yes _____ | No _____ |
| 2. Have you applied elsewhere for the same<br>items requested in this application?<br>If so, where and for how much?   | Yes _____ | No _____ |
- 
- 

**C. Is your agency or project Montgomery County-based?** Yes \_\_\_\_\_ No \_\_\_\_\_

**D. Project Budget form included?** Yes \_\_\_\_\_ No \_\_\_\_\_ Page # \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| 1. Are dollar amounts consistent with total<br>amount requested? | Yes _____ | No _____ |
|--|-----------|----------|

- E. Are requested attachments complete? Yes \_\_\_\_ No \_\_\_\_
1. Proof of applicant's incorporation status  
(Secretary of State Articles of Incorporation  
Certificate issued by the State Department  
Of Assessment and Taxation): Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  2. Proof of applicant's not for profit status issued  
by the Internal Revenue Service, Department  
of the Treasury: Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  3. Copy of lease or letter from owner of facility  
approving project for renovation (if applicable): Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  4. Certified financial statement for applicant's  
last complete fiscal year (preferably an audit): Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  5. Complete budget for applicant's current  
fiscal year (organization's total budget): Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  6. Current list of applicant's Officers and Board: Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  7. Current list of Board Members' addresses  
and telephone numbers: Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  8. Brief synopsis given? Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_  
Signature and Date? Yes \_\_\_\_ No \_\_\_\_ Page # \_\_\_\_
  9. Application narrative:
 

Mission of agency clearly outlined?	Yes ____	No ____	Page # ____
Project Proposal?	Yes ____	No ____	Page # ____
Project Outcomes?	Yes ____	No ____	Page # ____
Project Evaluations?	Yes ____	No ____	Page # ____
Innovative Features of Project described?	Yes ____	No ____	Page # ____
Budget Issues and Impact of Reduced Funding?	Yes ____	No ____	Page # ____
Collaborations with other agencies?	Yes ____	No ____	Page # ____

G. I attest that all of the above items/attachments have been included with this grants application. I understand that failing to provide any or all of the above documents will render this application ineligible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do Not Write in this Box. Official Use Only.

**Submitted application is: Complete: \_\_\_\_\_ Incomplete: \_\_\_\_\_**